

## DESIGNATION OF AUTHORIZED BUYER FOR EBT

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Case Name	Case Number	Worker Name
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By checking the box(es) below I certify that:

- ☐ I want \_\_\_\_\_ removed as an Authorized Buyer from my case.
- ☐ I want to designate the person named below as my Authorized Buyer to access my Food Stamp EBT account to buy my food.
- ☐ I understand if my Food Stamp account is accessed by myself, an Authorized Buyer or any other person to whom I voluntarily give my EBT card and PIN, the transaction is considered authorized and the benefits will **not** be replaced.

Authorized Buyer Name (First, Middle, Last) <b>Please print</b>
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Signature of Primary Cardholder or Alternate Payee	Date Signed
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<b>For Case Worker Use Only</b>	
<input type="checkbox"/> New Authorized Buyer	
<input type="checkbox"/> Remove Authorized Buyer	
Worker Signature	Date Signed

**RETAIN COMPLETED FORM IN CLIENT FILE**